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An overview of the challenges facing care homes in the UK

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Illuminating the challenges facing care homes in the United Kingdom

Abstract

Care homes are an important part of our healthcare system in the United Kingdom, and indeed internationally. Despite the importance of care homes, particularly in providing care for older people with increasingly complex care needs, they are often a sector that are disadvantaged or overlooked. This paper, the first of a two-part series, provides an overview of the current challenges that face care homes. In the paper that follows, the authors will go on to present an organisational case-study on how some of these challenges can be overcome in practice.

Background

With consideration to the UK it is estimated that over 500,000 older people are cared for in around 17,500 care homes (Laing, 2013). Interestingly, care homes now even provide more beds than NHS hospitals which highlight the rise in non-acute care that is required as people grow older with increasingly complex care needs (Care Quality Commission, 2012; 2014). As it pertains to the care home setting, the most common example of a complex care need is living with dementia (Mitchell and Agnelli, 2015). The Alzheimer's Society (2013), the largest UK charity for dementia, estimate that up to 80% of residents in care homes may live with or develop a form of dementia. Other complex needs prevalent within care homes may include: cardiovascular disease, cardiopulmonary disease, progressive neurological conditions and diabetes (Mitchell and Twycross, 2016).

Despite the importance of the care home within UK and international healthcare systems, there has not always been a recognition that care home nurses, and indeed care home care support staff, are specialist practitioners (Stevens, 2011; Mitchell and Strain, 2015). This has been highlighted by recent NICE (2015) guidance which highlighted the importance of developing care home nurses who possess specialist knowledge in older people's nursing, have competence in relation to gatekeeping for services like dietetic, tissue viability or palliative care support and can promote person-centred care in practice. Unfortunately care homes are usually not the preferred place of work for registered nurses (Owen et al, 2006). There have been many postulated reasons for this but some include the absence of a defined career pathway, disparities in the quality of training and the increasing workload and clinical complexity of the work of care home nurses.

In recognition of the problems facing care homes in the UK, the RCN Foundation commissioned Professor Karen Spilsbury, from the University of York, to conduct a multi-method scoping exercise to find out what is known about the nursing workforce in UK care homes with a view to identifying priorities for future research and development (Spilsbury et al. 2015). It is beyond the scope of this paper to provide adequate coverage to the Spilsbury et al. (2015) report. However, the authors will provide an overview of some key challenges that care home nursing face as identified by Spilsbury et al. (2015).

Care Home Nursing Education

As illustrated, care home nurses occupy a broad and multifaceted role. Their clinical role relates to helping people live well with a variety of long-term conditions, as well as acute illness, rehabilitation and emergencies (Mitchell, 2015). Given the prevalence of people living with dementia in care homes the care home nurse also must be able to promote wellbeing of people who live dementia in their care (Mitchell and Agnelli, 2015a; 2015b). The care home nurse has a crucial role in advocacy and must act as a gatekeeper for their residents particularly in relation to accessing medical, speech and language, dietetic, physiotherapy, tissue viability, infection control palliative care and specialist nursing services (Cousins, 2016; Mitchell, 2015; Spilsbury et al, 2015). In addition to these specialist clinical requirements, care home nurses have an important role in leading, supporting and developing practice of their care support staff.

Given these competing priorities, it is hardly surprising that one of the greatest challenges that care homes face today is ensuring that care home nurses are competent in the planning and delivery of their care. Succinctly, poor staff knowledge and competence leads to poorer outcomes for residents and increased unnecessary referrals to NHS services (Spilsbury et al, 2015). According to the review of the literature carried out by Spilsbury and colleagues (2015), care home staff are keen to receive training but there are often barriers to receiving the required training and these include; inadequate staffing to cover staff attendance at training, expectation that staff attend training in their own time and staff are unable to access more specialist NHS training.

Another point worth illuminating, which relates to education, training and development of care staff, is that many larger care home providers do not usually have dedicated research departments like the NHS. This is interesting because of the increasing importance that is being afforded to evidence based nursing practice which was a key recommendation of the Francis Report (2013). The lack of internal research departments can act as a barrier to delivery of optimum practice but is often considered too costly for many care home providers.

Overseas Nursing Staff

The demographics of care home nursing are constantly changing in the UK. The main reason for this is due to the high annual turnover of registered nursing staff in care homes.

Alarmingly in the UK, it is estimated that over half of care home nurses have less than three years nursing experience (Skills for Care, 2013). In response to this consistently high turnover, perhaps due to the perception of care home nursing, there is a need to recruit nurses from outside of the UK.

Undoubtedly overseas nurses have made a very positive contribution to care home nursing and their role remains extremely important. Spilsbury et al (2015) rightly acknowledge the important contribution that overseas nurses continue to make in care homes but highlight that overseas staff bring unique challenges related to induction, support, supervision, mentorship and continued professional development. Within the Spilsbury et al (2015) report it is noted that some care home staff have raised concerns about communication with residents and other language barriers.

Care Home Career Pathways

It has been argued that one of the key reasons for high staff turnover is that there is often a poorly defined career pathway for care home nurses. Participants from Spilsbury et al (2015) suggested that larger national bodies, like the Royal College of Nursing, should promote a national career pathway. The belief is that this would help develop clinical leaders within the care home sector and increase the value of the care home nurse in the eyes of society. Furthermore Spilsbury et al (2015) assert that engagement of care home nurses in research and audit activity would be an extremely supportive way in helping nurses to understand and recognise the substantial differences that they can make to residents under their care.

Recruitment and Retention of Care Home Nurses

Some of the key challenges that face care homes have been identified in this paper but there is perhaps no greater challenge than recruiting and retaining care home nurses. As highlighted, inadequate staffing in care homes is arguably the principal catalyst for a vast majority of the challenges that care homes face. In order to maintain the safety of the residents in care homes, many care home providers operate continual recruitment drives due to the high turnover of staff. Undoubtedly continued recruitment costs money. Another factor worth noting is that continual induction activities can cause burnout of senior care staff. It has also been well documented that high turnover of staff reduces continuity of care for residents due to the time it takes to know their preferences of care, life history and clinical needs. Finally, from a commercial point of view, a lack of staff of course leads to heavy reliance on agency nurses which is very difficult to sustain, even for short periods.

Conclusion

Undoubtedly care homes will continue to face significant challenges in the future. Arguably, the greatest challenge, or threat, to care homes today is recruitment and retention of registered nurses. Despite being a specialist area of practice, most care home nurses do not stay in practice. Unstable staffing ultimately perpetuates the other challenges that have already been identified. In summary, recruitment and retaining nurses is the first and most important step for care homes as it enables delivery of quality care to residents in care homes. If this major challenge is addressed, then the focus should move to other aspects, such as education and research.

As a starting point, the authors desire readers to consider the care home sector as an equal part of the healthcare system like hospitals, community settings and hospices. Care homes offer registered nurses a plethora of opportunities for development of both their clinical and organisational skills.

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